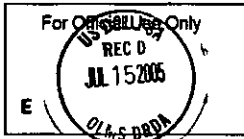


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440




READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>3160</b>	2 Fiscal Year Covered From  1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing  Name David B Kyle  P O Box Bldg Room No if any  Street 199 Grover Dr  City New Columbia  State Pennsylvania ZIP Code + 4 17856-9027	4 Name file number and address of labor organization  Name Pennsylvania State Education Association  Labor Organization File Number <b>572989</b>  P O Box Building and Room Number if any PO Box 1724  Street 400 North Third St  City Harrisburg  State Pennsylvania ZIP Code + 4 17105 1724
5 Position in labor organization UniServ Representative	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	7 a Nature of Interest Transaction or Income          7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed 	On 7/11/2005	570-568-2015
	Date	Telephone Number

Name of Person Filing David Kyle

File Number U 3160

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name Capital Blue Cross

Trade Name if any

P O Box Bldg Room No if any PO Box 774611

Street 2500 Elmerton Ave

City Harrisburg

State Pennsylvania ZIP Code + 4 17177 4611

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

## 11 a Nature of such dealing

Selling health insurance to employers of employees represented by the PSEA

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

Annual Appreciation Dinner

## 12 b Amount

\$38

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment